

# DREAM CATCHER SCIENCE PROGRAM – APPLICATION

## National American University

### RETURN THE APPLICATION AND RELEASE FORMS

Please print using a black or blue pen. Indicate your order of preference (from 1 to 5) the workshop you wish to attend. If your first preference is filled, you will be assigned to your second or third preference, as available.

	<b>A Map for Me: Project 4ward (Grades 9-12)</b>
	<b>Sports Medicine (Grades 6-12)</b>
	<b>Genetic Science (Grades 6-12)</b>
	<b>CAD Bridges (Grades 6-12)</b>
	<b>Math and Money (Grades 6-12)</b>

**Student's name:** \_\_\_\_\_  
Last First Middle

**Student's mailing address:** \_\_\_\_\_

City State Zip

**Date of Birth** (MM/DD/YYYY): \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade Level:** \_\_\_\_\_

**Tribal Affiliation:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Please indicate T-shirt size** (check one) ☐ Medium ☐ Large ☐ X-large

**Past Participant?** (check one) ☐ Yes ☐ No

**If YES, what workshop(s) did you participate in?** \_\_\_\_\_

**How did you find out about this program?** Please check all that apply

Through an ☐ SNL employee; ☐ parent(s); ☐ relative; ☐ friends; or ☐ school counselor/teacher:

Name of counselor/teacher: \_\_\_\_\_

Other source (specify): \_\_\_\_\_

**The following optional information does not affect participation in the program and is solely used for statistical purposes:**

**Check One:** ☐ Male ☐ Female

**Check One:** ☐ American Indian; ☐ Black; ☐ Asian; ☐ Hispanic; ☐ Other

Students will be notified if they have been selected for the program. Parents are encouraged and invited to attend the workshops with their students.

**Mail this application and accompanying release forms to:**

**Marie Brown**

**Sandia National Laboratories**

**PO Box 5800, MS 1356**

**Albuquerque, NM 87185-1356**



## Student Code of Personal Conduct Form

Dream Catchers student participants are expected to conduct themselves responsibly. Improper conduct or violations of the following regulations is grounds for removal from the program. Some violations, including, but not limited to, vandalism of government property, may result in criminal prosecution.

Conduct such as, but not limited to, the following is improper and grounds for **complete removal from the program**:

1. Striking another individual,
2. Using threatening or abusive language,
3. Behaving indecently,
4. Performing vandalism (including graffiti) on school facilities, buses, or classroom equipment/materials,
5. Possessing drugs or alcoholic beverages,
6. Being insubordinate to the bus driver.

Conduct such as, but not limited to, the following is improper and grounds for **removal from the program for the day**:

1. Being insubordinate to Dream Catchers Staff (volunteer instructors, teachers, coordinators),
2. Being out of compliance with middle school dress code.

We, the undersigned, have read and understand the above Code of Personal Conduct. Our signatures constitute agreement with the regulations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian

## Permission to Photograph Student Form

I hereby give permission for the above-named student to have his/her picture taken while participating in activities associated with the Science and Engineering Workshops. Said pictures become the sole property of Sandia National Laboratories and will be used only for recruiting/information-sharing purposes.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Legal Guardian



## RELEASE AND INDEMNITY AGREEMENT

### I. Voluntary Participation

I, \_\_\_\_\_, acknowledge that my child, \_\_\_\_\_ is  
(Parent or Legal Guardian) (Student's name)  
voluntarily participates in the Dream Catcher's Science and Engineering Workshops sponsored by Sandia National Laboratories (SNL),  
will be hosted at **National American University, June, 3, 10, 17 & 24, 2006.**

### II. Assumption of Risk

I have been fully advised that there exist potential risks incidental to my child participating in the Science and Engineering Education Workshops. These risks may include, depending on the workshop, burns, scrapes, and exposure to household chemicals. I am aware that certain of these dangers and hazards may be incidental to the activities involved in these instructional classes. I also realize that not all of the risks and hazards of these activities are known. I give my permission for my child to participate in this activity with knowledge of the possible risks involved of personal injury or property damage and verify this statement by placing my **initials** here: \_\_\_\_\_

I understand that it is my personal responsibility to judge the suitability of my child's participation in this class(es) and verify this statement by placing my initials here: \_\_\_\_\_

### III. Release

As consideration for my child being permitted to participate in the above-described instructional class(es) and use of the facilities at **NATIONAL AMERICAN UNIVERSITY**, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against Sandia National Laboratories or **NATIONAL AMERICAN UNIVERSITY** or any of its agents, officers, employees, subcontractors, or instructors (independent contractors, or otherwise) for any personal injury or property damage resulting from negligence or other acts, howsoever caused, by any employee, officer, agent, subcontractor, or instructor (independent contractor or otherwise) of the Sandia National Laboratories or **NATIONAL AMERICAN UNIVERSITY** as a result of my child's participation in the above-described class(es). I hereby release Sandia National Laboratories, **NATIONAL AMERICAN UNIVERSITY**, its agents, officers, employees, subcontractors, or instructors (independent contractors or otherwise) from all actions, claims, causes of action, or demands, known or unknown, fixed or contingent, that I, my assignees, heirs, distributees, guardians, and legal representatives may have or may hereafter have for personal injury or property damage resulting from my child's participation in the above-described instructional class(es).

**It is my intention to exempt and relieve Sandia National Laboratories and NATIONAL AMERICAN UNIVERSITY, and its agents, officers, employees, subcontractors, and instructors (independent contractors or otherwise) from liability for personal injury or property damage from negligence or other acts, howsoever caused. I verify this statement by placing my initials here: \_\_\_\_\_**

### IV. Knowingly and Voluntarily Execution

I have carefully read this Agreement and fully understand its contents. I am aware this is a release of liability and a contract between myself and Sandia National Laboratories and signs it of my own free will. I am fully aware of the legal consequence of signing this document.

### V. Indemnity

I agree that in the event any claim for personal injury or property damage shall not be prosecuted against Sandia National Laboratories, its agents, officers, employees, subcontractors, instructors (independent contractors or otherwise), I, my assignees, heirs, distributees, guardians, and legal representatives shall indemnify and hold Sandia National Laboratories, **NATIONAL AMERICAN UNIVERSITY**, its agents, officers, employees, subcontractors, instructors (independent contractors or otherwise), harmless from any and all claims or causes of action by whomever or wherever made or presented for personal injuries or property damage.

Executed at \_\_\_\_\_, New Mexico, this \_\_\_\_\_ day of \_\_\_\_\_, 2005.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian

WITNESS:  
\_\_\_\_\_

Dated: \_\_\_\_\_